## **Exhibit C**

Case 06-10725-gwz Doc 814 <mark>0-3</mark>	Entered 08/17/10 11:53:38 Page 2 of 11
Name of Debtor Case N	umber
UNA Comment of Mortgage Company BK	3-06 10745
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
ANITA WATSON LIVING TRUST DATED 4/8/03 C/O ANITA WATSON TRUSTEE 5309 PARSONAGE CT VIRGINIA BEACH VA 23455-7101  Creditor Telephone Number ( )	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address of the envelope sent to you by the court  Check box if this address on the envelope sent to you by the court  Check box if this address on the envelope sent to you by the court  THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously filed claim dated amends
Goods sold Personal injury/wrongful death Services performed Taxes Last fou	benefits as defined in 11 U S C § 1114(a)  salaries and compensation (fill out below)  ir digits of your SS #  compensation for services performed from  to
2 DATE DEBT WAS INCURRED 3 IF C	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)	SECURED CLAIM  Check this box if your claim is secured by collateral (including
AT TIME CASE FILED (unsecured)	secured) (pnonty) (Total)
6 CREDITS The amount of all payments on this claim has been credited and of SUPPORTING DOCUMENTS Attach copies of supporting documents, is running accounts contracts court judgments mortgages security agreement DOCUMENTS If the documents are not available explain. If the documents	uch as promissory notes purchase orders invoices itemized statements of ts, and evidence of perfection of lien DO NOT SEND ORIGINAL
BMC Group BMC Gro Attn USACM Claims Docketing Center Attn USA P O Box 911 1330 Eas	ons, joint ventures, trusts and  OR OVERNIGHT DELIVERY TO OUP ACM Claims Docketing Center st Franklin Avenue Ido CA 90245  USA CMC USA CMC
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SAN JOSE CA 95128-1409		Check box if this address	ONE OF THE DE	BTORS
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Creditor Telephone Number (40% 241-6265		court	THIS SPAC	E IS FOR COURT USE ONLY
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ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	, prevallin	g Pacific time, on Novemb	er 13, 2006	USE ONLY
governmental unite) By MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO		NOV 0 6 2008
Attn USACM Claims Docketing Center		CM Claims Docketing Cente	r	
		Franklin Avenue lo GA 90245		
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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımber	ת ניי זיי	
USA Capital Montpy	BK-	5-06-10125	LISIZ	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp ansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
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Last four digits of account or other number by which creditor identifies d	debtor	Check here replace of this claim armen		filed claim dated
1 BASIS FOR CLAIM	Retree b	enefits as defined in 11 U.S.		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages s	salaries and compensation (f		Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	formed from	· •
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC 1072502442

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USA Commercial mortgage Company	00-107	29-LDN			
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Goods sold Personal injury/wrongful death		selanes, and compensation (	•		against servicer
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2 DATE DEBT WAS INCURRED  3 IF COURT JUDGMENT, DATE OBTAINED  4 CLASSFICATION OF CLAIM  5 CLASSFICATION OF CLAIM  5 CLASSFICATION OF CLAIM  5 CHeck the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filled  See reverse side for important explanations  UINSECURED NONPRIORITY CLAIM  5 Check the box of a) there is no collateral or her securing your claim as entitled to priority  Check the box of a) there is no collateral or her securing your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check the box of you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  5 Sporty the priority of the claim  Domeste support obligations under 11 U.S.C.§ 507(s)(1)(A) or (s)(1)(B)  Wages salanse or commissions (up to 310 000)* semed within 180 days before fining of the bankrupty petition or cessestion of the debtor's business whichever is earlier 11 U.S.C.§ 507(s)(4)  Contributions to an employee benefit plan 11 U.S.C.§ 507(s)(4)  Total AMOUNT OF CLAIM  5 TO CAD ALL LINES (100 0) (secured)  Check this box of claim includes interest or other charges in addition to the priority and every 3 years thereafter with respect to cases commenced on or after the debt of adjustment on 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the debt of adjustment or 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the debt of adjustment or 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the debt of adjustment or 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the debt of adjustment or 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the debt of adjustment or 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the debt of adjustment or 4/1/107 and every 3 years thereafter with	1 BASIS FOR CLAIM  Goods sold Personal injury/wrongful death Wages Services performed Taxes  Last fou	benefits as defined in 11 U.S. salaries, and compensation (	C § 1114(a) Unremitted principal
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 10 hours in the first of the second your claim is exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if a) there is no collateral or her securing your/claim or b) your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount of arrearage and other charges at time case filled included in secured claim if any \$ anglet created claim if any \$ secured claim if any \$ services for personal family or household use -11 U S C § 507(a)(1)(a) or (a)(1)(B)	2 DATE DEBT WAS INCURRED 3 IF C	OURT JUDGMENT, DATE O	(date) (date)
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  5 TOTAL AMOUNT OF CLAIM \$ 50 000 plus (in bas)  AT TIME CASE FILED (unsecured) (a) / 2 0 (secured) (priority)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS Attach coxists of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of filen. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain if the documents are voluminous attach a summary.  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT USE ONLY USE ONLY USE ONLY USE ONLY BY MAIL TO BMC Group.	See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 3 0 000 ship in tertist.  Check this box if a) there is no collateral or lend securing your claim or b) your claim exceeds the velue of the property securing it or if c) none or only part of your claim is entitled to priority CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10 000)* earned within 180 days	SECURED CLAIM  Check this box if you a right of setoff)  Brief description of Real Estate  Value of Collateral  Amount of arrearage ar secured claim if any 3  Up to \$2 225° of deposits towe services for personal family of	collateral  Motor Vehicle  Other  to other charges at time case filed included in the charges, lease or rental of property or r household use -11 U S C § 507(a)(7)
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The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT  ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group  THIS SPACE FOR COURT  USE ONLY  BY HAND OR OVERNIGHT DELIVERY TO BMC Group	7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , as running accounts contracts, court judgments, mortgages, security agreement DOCUMENTS If the documents are not available, explain. If the documents B DATE-STAMPED COPY To receive an acknowledgment of the filing of	uch as promissory notes purc ts and evidence of perfection are voluminous attach a sur	hase orders invoices itemized statements of officer DO NOT SEND ORIGINAL nimery
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DATE SIGN sell profit the name and title if sinty of the creditor or other person authorized to file this claim (altack copy of power of attorney if any)  USA CMC  SHIRLEY DOERR  1072501 163  Penelty for presenting fraudulent dam is a fine of up to \$550 000 or impresonment for up to 5 years or both 18 USC \$5 152 AND 3571	Thou 6, 2006 Shully Collin (attach copy of power of attorney of any)	SHIRLEY DO	ERR IIIII IIII IIII

	PRO	OF OF CLAIM		·
	Case Nur	mber:		1
Name of Debtor:		06-10725-LBR		
USA Commercial Mortgage Company	00-107	25-2510		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Craditor and Address:	or an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address	WHOSE LOAN IS E DEBTORS YOU DO OF CLAIM. THIS IS BORROWER HELD DO NOT FILE THIS SECURED INTERE ONE OF THE DEBT	OWED MONEY BY A BORROWER BEING SERVICED BY THE DIVIDING THAT TO FILE A PROOF NCLUDES MONEY FROM THAT IN THE COLLECTION ACCOUNT.  PROOF OF CLAIM FOR A LIST IN A BORROWER THAT IS NOT TORS.
		differs from the address on the envelope sent to you by the	Bankruptcy Court o	r BMC, you do not need to file again.
Creditor Telephone Number (4) 418-5000		court.	INIS SPACE	10 FUR WOOK! USE VAL!
Last four digits of account or other number by which creditor identifies Huntsuille 5996	debtor:	Check here repla of this claim amer	, a previously i	fied claim dated:
1. BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages, s	salaries, and compensation of digits of your SS #:	(間 out below)	Other claims against servicer (not for losn balances)  to
2. DATE DEBT WAS INCURRED: 12 6 04 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the	3. IF C	OURT JUDGMENT, DATE	OBTAINED:	
See reverse side for important explanations.  LINSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collecteral or lien securing your claim, or be exceeds the value of the property securing it, or if c) none or only part of yentitled to priority.  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is entitled to priority.  Amount entitled to priority \$  Specify the priority of the claim:	) your claim our claim is	a right of setoff).  Brief description of Real Estate  Value of Collatera	f collateral:  Motor Vehicle I:  \$ <u>unka</u> Ind other charges	Otherat time case filed included in
Specify the priority of the causin.  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225* of deposits tov	and purchase, lease,	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day before filing of the bankruptcy petition or ceasation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	• =	services for personal, family,  Taxes or penalties owed to g  Other - Specify applicable pa	or household use -1: overnmental units - 1 iragraph of 11 U.S.C.	1 U.S.C. § 507(a)(8). 1 U.S.C. § 507(a)(8). § 507(a) ().
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju with respect to ceaes comm	ustment on 4/1/07 an inced on or after the	d every 3 years thereatter date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	80,000			\$ 50,000.00
AT TIME CASE FILED: (unsecured)  Check this box if claim includes interest or other charges in addition to	(	secured)	( priority) emized statement of	(Total) Fall interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: Attach cooles of supporting dox running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the 8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	edited and ocuments, so agreement	deducted for the purpose of uch as promissory notes, pu ts, and evidence of perfections are voluminous, attach a si	making this proof or rchase orders, invinor filen. DO NO ummary.	of daim. Dices, itemized statements of T SEND ORIGINAL
proof of claim.  The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5:00 proof of each person or entity (including individuals, partnerships, governmental units).  BY MAIL TO:  BMC Group:  Attn: USACM Claims Docketing Center P. O. Box 911  El Segundo, CA 90245-0911	BY HAND BY HAND BMC GTO AND US	ng Pacific time, on Novem	per 13, 2006 and 'O:	THIS SPACE FOR COURT USE ONLY
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The state of the s	PROC	OF OF CLAIM	
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Name of De AC:	Case Numb	per;	<u>'</u>
USA COMHERCIAL HORTSAGE CO.	06-10	0725-LBR	,
NOTE: See Reverse for List of Debtors and Case Numbers.	-	1	
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an av	Check box if you are ware that anyone else has ed a proof of claim relating your claim. Attach copy of	•
Name of Creditor and Address:		stement giving particulars.	
1132124100263	<sup>7</sup>	Charle have if your hours	
JOSE M LANZAS & GLADYS LANZAS		Check box if you have ever received any notices	
3345 SPOTTED FAWN DR ORLANDO FL 32817-5006		om the bankruptcy court or MC Group in this case.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
3.124135 12 d2517-0000		Check box if this address	ONE OF THE DEBTORS.
Creditor Telephone Number (49/ 673-3/13	en	fers from the address on the welope sent to you by the purt.	If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor		
CLIENT ID 4994	١ ن	Check here replace or if this claim amen	a previously filed claim dated:
1. BASIS FOR CLAIM	Retiree ben	efits as defined in 11 U.S.	C. § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	_	aries, and compensation (	
Services performed Taxes		gits of your SS #:	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid com	pensation for services pe	rformed from: to
2. DATE DEBT WAS INCURRED: 4/02/2004	3. IF COU	RT JUDGMENT, DATE O	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	t best describe	your claim and state the amo	unt of the claim at the time case filed.
See reverse side for important explanations.		SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$		Check this box if yo	our claim is secured by collateral (Including
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of you		a right of setoff).	
entitled to priority.		Brief description of	collateral:
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle
entitled to priority.	[	Value of Collateral:	: <b>\$</b>
Amount entitled to priority \$		Amount of arrearage ar	nd other charges at time case filed included in
Specify the priority of the claim:		secured claim, if any:	\$ 95,000 poures
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)			and purchase, lease, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, samed within 180 days		•	or household use -11 U.S.C. § 507(a)(7). wernmental units - 11 U.S.C. § 507(a)(8).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	-		egraph of 11 U.S.C. § 507(a) ( ).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).			stment on 4/1/07 and every 3 years thereafter
E YOTAL AMOUNT OF OLD HIS			nced on or after the date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	95,0		\$ 45,000
(unsecured)  Check this box if claim includes interest or other charges in addition to the charges in the charg	secu) ne principal am	•	(priority) (Total) mized statement of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred	dited and ded	ucted for the purpose of m	naking this proof of claim.
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , contracts, court judgments, mortgages, security in DOCUMENTS. If the documents are not available, explain. If the	agreements, a	and evidence of perfection	of tien. DO NOT SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the		· •	·
proof of claim.	·		
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	ı, prevailing F	Pacific time, on Novemb	er 13, 2006 USE ONLY
governmental units).			USA CMC
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ame of Debtor		Case No	Case Number		
USA Commercial M	ortgage Company	06-10	725-LBR		
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TUIV	757/LLE of Debtors and Case Numbers	Ĺ,	Y		
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ame of Creditor and		_	statement giving particulars	DESTORS YOU	DO <u>MOT</u> HAVE TO PILE A PROOF BINCLUDES MONEY FROM THAT
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LAS VEGAS			BMC Group in this case	SECURED INTE	116 PROOF OF CLAM FOR A REST IN A SORROWER THAT 16 NOT
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reditor Telephone Number (			envelope sent to you by the court.		ZE IS FOR COURT USE ONLY
	other number by which creditor identifies	abtor			
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Goods sold	Personal injury/wrongful death		salanes and compansation (	•	Other claims against servicer
Services performed	Taxes		digits of your SS #	nii Cat Delon'i	(not for loan belances)
Money loaned	Other (describe bnefly)		compensation for services per	formed from	<b>to</b>
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DATE DEBT WAS INCUR	RED 3/8/04	3 F C	OURT JUDGMENT, DATE O	STAINED	
	Check the appropriate box or boxes the	beet deecr	ibe your claim and state the amoi	unt of the claim at	the time case filed
See reverse side for important	•		SECURED CLAM		
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Amount entitled to priority	•		Amount of property of	رید.	ALLENS CHAND,
Specify the priority of the cla			secured claim, if any	is curier criarges	A THE CASE SEC MICHORGIA
	ып is under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	<b>-</b>	1 11-4-40 0000		
	eions (up to \$10 000)" earned within 180 days	L.	Up to \$2 225° of deposits towe services for personal family o		
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business whichever is early	er - 11 U S C § 507(a)(4)		Other - Specify applicable pure	igraph of 11 USC	; § 507(a) ( )
Contributions to an amploye	ne benefit plan - 11 U S C § 507(a)(5)		*Amounts are subject to adjus		
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	ides interest or other charges in addition to th				
	fall payments on this claim has been cred				
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DOCUMENTS If the doc	uments are not available, explain. If the d	ocuments -	are voluminous, altech a sur		1 SERLY ORIGINAL
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	PRO	OF OF CLAIM		
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Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR		
OSA COMMINICIAL MONGANA COMPANY	<b>QQ-10.</b>			İ
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
ansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	of en	swere that anyone else has filed a proof of claim relating		OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim. Attach copy of statement giving particulars.		HEING SERVICED BY THE MOT HAVE TO FILE A PROOF
1132124203795	1			NCLUDES MONEY FROM THAT IN THE COLLECTION ACCOUNT
PETRO ALEKO		Check box if you have never received any notices		, KI INE COLLEGION ACCOUNT
6224 LONE CYPRESS COURT		from the benkruptcy court or BMC Group in this case		PROOF OF CLAIM FOR A
LAS VEGAS NV 89141	i	Check box if this address	ONE OF THE DEB	
		differs from the address on the	If you have alrea	dy filed a proof of claim with the r BMC you do not need to file again
Creditor Telephone Number ( )		envelope sent to you by the court		IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Charle have repla	COS	
Acct ID 935		Check here I replace of this claim amer	. a previously t	iled clarm dated
1 BASIS FOR CLAIM	Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salanes and compensation (	fill out below)	Other claims against servicer (not for losn belances)
Services performed		r digits of your SS #		(not for road national)
Money loaned	Unpaid o	compensation for services pe	rformed from _	to
2 DATE DEBT WAS INCURRED 3 17/04	IS IE C	OURT JUDGMENT, DATE O	DRYAINED	(date) (date)
2 DATE DEBT WAS INCURRED 3 17/04 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				s time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	_	. 1	our claim is secure	nd by collateral (including
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entitled to priority		Bnef description of	f collateral	
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
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Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225° of deposits tow	ard purchase lease	or rental of property or
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DOCUMENTS If the documents are not available explain. If the of B DATE-STAMPED COPY To receive an acknowledgment of the	document	s are voluminous attach a su	mmary	envelone and conv of this
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The original of this completed proof of claim form must be sen	t by mail	or hand delivered (FAXES I	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevaile	ng Pacific time, on Novemb	er 13, 2006	USE ONLY
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Attn USAČM Claims Docketing Center P O Box 911		ACM Claims Docketing Centi st Franklin Avenue	er	,
El Segundo CA 90245-0911	El Segur	ido CA 90245		
DATE SIGN and print the name and title if any of the	he creditor o	or other person authorized to fije.	>	USA CMC
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